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Department of Homeland Security
U.S. Citizenship and Immigration Services**I-765, Application For
Employment Authorization****Do not write in this block.**

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended (<i>Circle One</i>) until _____ (Date). Subject to the following conditions: _____ (Date). Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		

I am applying for: ☐ Permission to accept employment.
☐ Replacement (*of lost employment authorization document*).
☐ Renewal of my permission to accept employment (*attach a copy of your previous employment authorization document*).

1. Name (Family Name in CAPS) (First)	(Middle)	Which USCIS Office?	Date(s)
2. Other Names Used (include Maiden Name)		Results (Granted or Denied - attach all documentation)	
3. U.S. Mailing Address (Street Number and Name)		12. Date of Last Entry into the U.S., on or about: (mm/dd/yyyy)	
(Town or City)	(State/Country)	(ZIP Code)	13. Place of Last Entry into the U.S.
4. Country of Citizenship/Nationality		14. Status at Last Entry (B-2 Visitor, F-1 Student, No Lawful Status, etc.)	
5. Place of Birth (Town or City)		15. Current Immigration Status (Visitor, Student, etc.)	
(State/Province)	(Country)		
6. Date of Birth (mm/dd/yyyy)	7. Gender	16. Go to the "Who May File Form I-765?" section of the instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. (For example, (a)(8), (c)(17)(iii), etc.).	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	() () ()	
8. Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single	17. If you entered the eligibility category, (c)(3)(C), in Question 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.	
<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		Degree: _____ Employer's Name as listed in E-Verify: _____ Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number _____	
9. Social Security Number (Include all numbers you have ever used, if any)			
10. Alien Registration Number (A-Number) or I-94 Number (if any)			
11. Have you ever before applied for employment authorization from USCIS?			
<input type="checkbox"/> Yes (Complete the following questions.)		<input type="checkbox"/> No (Proceed to Question 12.)	

Certification

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the "Who May File Form I-765?" section of the instructions and have identified the appropriate eligibility category in Question 16.

Signature _____ Telephone Number _____ Date _____

Signature of Person Preparing Form, If Other Than Above: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name _____ Address _____ Signature _____ Date _____

Remarks	Initial Receipt	Resubmitted	Relocated			Completed	
			Received	Sent	Approved	Denied	Returned